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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None* *TTV*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *TTV*

IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>TTV</i>	Initials		

## ADDRESS

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## TITLE

Naming scheme for reducing complexity of application creation tools

<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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